



**U.S. Immigration
and Customs
Enforcement**

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Availability of Health Care Case Completion Guide

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Foreword

This IHSC *Availability of Health Care Case Completion Guide* supplements the following IHSC Directive: # 03-31 (ERO # 11852.1), *Availability of Health Care*. This Guide explains concepts, assigns responsibilities, and details procedures for determining the Availability of Health Care (AHC) in various countries to which detainees are returned.

The intended audiences are the Behavioral Health Unit, the Medical Case Management Unit, Field Medical Coordinators (FMCs), and Assigned Case Managers.

I. Determining whether a response to the case inquiry is still needed in pending AHC cases

A. The Medical Case Coordinators (MCC), or Behavioral Health Unit (BHU) staff member, review case demographics.

The MCC or BHU staff member will:

- Review alien name, alien number (A#), date of birth, and country of origin.
- Open ICE ENFORCE Alien Removal Module (EARM) and use the A# to call up the demographic screen.

B. When information is available in EARM.

The MCC or BHU staff member will:

- Review case information.
- Review “Case Comments” for information on case status by date and pay particular attention to “Stay of Removal” and “Deferred Action” requests.
- Review “Case Summary” for additional case details.
- Check for final order of removal and date.
- Verify current activity in case call up.
- Review case closure for documentation of case closure or current activity.
- Review “Actions/Decisions” to assess recent activity.
- Make preliminary assessment on case being “Active” or “Closed.”
- Share preliminary assessment with the Enforcement and Removal Operations (ERO) officer for verification and final decision.
- Record results in the AHC country database located on the share drive at: S:\IHSC\Availability of Healthcare Case Information.

C. When information is unavailable in EARM, or if there is a preference to directly contact the referring ERO officer or FMC.

The MCC or BHU staff member will:

- Review the case file for the name and contact information of the referring staff member (ERO officer or FMC).
- Contact the referring staff member to determine if the case is “Active” or “Closed.”
 - If the referring staff member advises that the case no longer requires an AHC inquiry, the MCC or BHU staff member will offer to provide future assistance if the need arises, but consider the case closed at that time.
- Record the results in the AHC Case Tracking spreadsheet located on the share drive at: S:\IHSC\Availability of Healthcare Case Information.

II. Obtaining information on specific active AHC cases.

A. Determining the level of care.

The MCC or BHU staff member will:

- Review the electronic and/or hardcopy file information to determine if available information is current.
- Contact the referring staff member for updated information if more current information is required and:
 - Explain the importance of current information in making an AHC determination.
 - Request a reply if there is difficulty obtaining current information.
- Annotate in the case progress notes that the determination is being made using available information, and that more current information was not obtainable.
- Review clinical information using the diagnostic information available to assess the clinical care needed, the type of health care provider needed, the type of medications the identified person is taking, and over what time period they have been taking the identified medications.

B. Determining available care.

The MCC or BHU staff member will:

- Use secondary sources of information to gather country-wide documentation about the health care delivery system of the assigned

country. These secondary sources provide specific background information regarding providers, medications, and other clinical interventions accessible in the assigned country. Examples of secondary sources include: WHO, PAHO, USAID, CDC, CIA World Factbook, Google, Google Translate, Ministries of Health, and non-governmental organizations (NGO's) such as Doctors Without Borders.

- Use primary sources to obtain necessary information when secondary sources of information are not available, assuring that privacy issues are respected. Examples of reputable primary resources include: news articles, government and NGO sourced data, review dates of data and research articles.
- Document findings in the AHC Resource notes and AHC country health care database located on the share drive at: S:\IHSC\Availability of Healthcare Case Information.
- Record information on the explanation template to document when the collected information indicates a lack of needed health care providers, other clinical services, and/or medication.

III. Assessing whether medical and/or mental health care has been identified in the specified country and responding to the case inquiry.

A. Assessment

The MCC or BHU staff member will:

- Review all accumulated information on the specified country's clinical services and resources.
- Compare the reviewed information to services and resources needed for the specific case.
- Make a preliminary assessment about whether necessary health care is available in the specific country.
 - In cases where available information clearly demonstrates that clinical services have been identified, the MCC or BHU staff member will document this in the AHC Resource notes.
- Ensure that the case has been given clearance for travel from the direct service provider.

B. IHSC Leadership approval/disapproval

The MCC or BHU staff member will:

- Save a copy of the AHC determination letter in the electronic file.
- Prepare the document for review with a routing sheet, and sign off as the initial preparer.
- Route the AHC determination letter through Program Assistants for signatures from the Associate Medical Director, Deputy Assistant Director of Clinical Services/IHSC Medical Director, or Chief Psychiatrist, as necessary.

C. Close Out/Retention

Once the AHC determination letter is approved, the MCC or BHU staff member will:

- Send the signed AHC determination letter to the referring staff member via email or fax.
- Place a hardcopy of the file in file room.
- Save a softcopy electronic version in the country of origin at:

(b)(7)(E)

Upon completion of these steps, the case is considered complete.

IV. Coordinating medical transfer for AHC cases

A. Detainee Transfer

The MCC or BHU staff member will:

- Assess if the case has medical or mental health conditions that require prescribed treatments, medications or evaluations within a specific time frame, and that if not provided, there is a risk of permanent harm or death.
- Coordinate with respective ICE personnel to determine whether consulate staff should be contacted to assure the alien receives necessary medical and/or mental health care at the completion of the transfer.
- Document findings on the AHC Resource Note and in the AHC Closed Cases.

B. Proceed with determination of availability of health care (described in Section II)

V. Privacy and Recordkeeping

In completing this assessment, please refer to IHSC Directive: 03-31, *Availability of Health Care*, 9. PRIVACY AND RECORDKEEPING, for guidance on complying with privacy and recordkeeping procedures.

Links to forms:

Appendix A: Forms

- [AHC Intake Form](#)
- [AHC Resource Notes](#)
- [Explanation Form](#)
- [AHC Routing Slip](#)